



TEACHER CERTIFICATION  
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
TEACHER QUALITY AND URBAN EDUCATION  
PO BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

## APPLICATION FOR MISSOURI SUPERINTENDENT'S CERTIFICATE

### SECTION I: VITAL INFORMATION

#### A. VITAL INFORMATION

|  |   |  |  |
|--|---|--|--|
| *SOCIAL SECURITY NUMBER                    |   | <b>ATTACH \$35 CHECK OR MONEY ORDER</b><br>(made payable to Treasurer, State of Missouri)<br><b>FOR UPGRADING A CAREER ADMINISTRATOR'S CERTIFICATE</b> |  |
| CURRENT NAME (LAST, FIRST, MIDDLE INITIAL) |   |  |  |
| ALL MAIDEN/FORMER NAMES                    |   |  |  |
| STREET ADDRESS                             |   |  |  |
| CITY, STATE, ZIP CODE                      |   |  |  |
| DATE OF BIRTH                              | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | PHONE NUMBERS<br>H (      ) W (      )   |  |

**IMPORTANT:** Official transcripts listed in B must be received from schools before application is considered complete.

#### B. EDUCATION (If additional space is needed, please attach sheets as necessary.) List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees.

| COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL | STATE | DATES ATTENDED |          | DEGREE |
|--|-------|----------------|----------|--------|
|  |       | FROM MO/YR     | TO MO/YR |        |
|  |       |                |          |        |
|  |       |                |          |        |
|  |       |                |          |        |
|  |       |                |          |        |

#### C. PROFESSIONAL CONDUCT (ALL questions must be answered)

If you currently hold a valid Missouri teaching certificate you DO NOT need to submit fingerprints.

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?   | <input type="checkbox"/> | <input type="checkbox"/> |

\*View the Social Security Number Disclosure Notice at: [http://www.dese.mo.gov/schoollaw/freqaskques/SSN\\_Disclosure.pdf](http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf)

#### D. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

|                                   |      |
|-----------------------------------|------|
| LEGAL SIGNATURE OF APPLICANT<br>⇒ | DATE |
|-----------------------------------|------|

**SECTION II: VERIFICATION OF EXPERIENCE (This section is to be completed by your school district official). Please send this application to that administrator, instructing him/her to complete SECTION II and return the form directly to you.**

**IMPORTANT  
NOTE TO THE  
ADMINISTRATOR**

Please complete this section and return the form to the applicant. If you know of any reason this applicant should not teach in Missouri schools, please send a separate statement to: Department of Elementary and Secondary Education, Teacher Certification, PO Box 480, Jefferson City, MO 65102.

The below-named individual was employed as a teacher and/or administrator in our school system as verified below.

| NAME OF SCHOOL SYSTEM                       |               |                          |                     |                        |
|---|---------------|--------------------------|---------------------|------------------------|
| SCHOOL ADDRESS                              |               | CITY                     | STATE               | ZIP CODE               |
| ADMINISTRATOR'S NAME (PLEASE PRINT OR TYPE) |               | ADMINISTRATOR'S POSITION | SCHOOL PHONE NUMBER |                        |
| ADMINISTRATOR'S SIGNATURE                   |               |                          | DATE                |                        |
| APPLICANT'S NAME                            | POSITION HELD | EMPLOYMENT DATES         |                     | TOTAL YEARS EXPERIENCE |
|   |               | BEGINNING                | ENDING              |                        |
|   |               |                          |                     |                        |
|   |               |                          |                     |                        |

**SECTION III: Must be completed by the designated recommending official from the applicant's college/university**

| A. Required Competencies                             | Course Title | Course Number |
|--|--------------|---------------|
| Foundations of educational administration            |              |               |
| City school administration                           |              |               |
| School supervision                                   |              |               |
| Curriculum construction                              |              |               |
| Research and evaluation                              |              |               |
| School finance                                       |              |               |
| School law   |              |               |
| School staff personnel administration                |              |               |
| School/community relations                           |              |               |
| School plant design and operation                    |              |               |
| Psychology and/or education of the exceptional child |              |               |

|   |                          |      |
|---|--------------------------|------|
| AUTHORIZED EDUCATIONAL ADMINISTRATION SIGNATURE/TITLE | RECOMMENDING INSTITUTION | DATE |
|---|--------------------------|------|

**B. STATE-APPROVED EDUCATIONAL ADMINISTRATION PROGRAM APPROVAL INFORMATION**

|  |                                     |
|--|-------------------------------------|
| FIRST YEAR STATE APPROVAL WAS GRANTED                  | DATE CURRENT STATE APPROVAL EXPIRES |
| SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL         | NAME OF INSTITUTION                 |
| PRINT/TYPE REGISTRAR'S NAME                            | ADDRESS OF INSTITUTION              |
| DATE   | PHONE NUMBER<br>(       )           |
| AFFIX<br><br>OFFICIAL<br><br>STAMP OR SEAL<br><br>HERE |                                     |

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.  
 PLEASE RETURN THIS FORM TO  
 EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.  
 DO NOT RETURN THIS FORM TO THE APPLICANT.  
 ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES!  
[www.dese.mo.gov](http://www.dese.mo.gov)